Update on Post-Deployment Health Clinical Practice Guideline (PDH-CPG)
Presentation at 8th Annual Force Health Protection Conference
10 August 2005

Slide 1 Update on Post-Deployment Health Clinical Practice Guideline (PDH-CPG)

Slide 2 Learning Objectives

This presentation was designed to provide an update on the status of the DoD/VA Post-Deployment Health Clinical Practice Guideline (PDH-CPG).
The presentation covers three areas:

First is a brief review of the contents of the PDH-CPG and the tools which were developed to assist providers in implementing the Guideline.

Second is a description of the changes and new developments to the PDH-CPG and its tools since the initiation of the Guideline in January 2002.

Third is a description of the DoD Deployment Health Clinical Center's Staff Training and Assistance Team (STAT) and its role in providing command and clinical consultation to assist in implementation of the PDH-CPG.
The first area that will be discussed is a review of the PDH-CPG and its accompanying tools.

Slide 3 DoD Post-Deployment Health Programs Timeline

The PDH-CPG grew out of the lessons learned from the 1st Gulf War. Many Gulf War veterans returned with medically unexplained symptoms. In response to the Gulf War, the Department of Defense developed a program called the Comprehensive Clinical Evaluation Program (CCEP) in 1994. It was a standardized program of comprehensive evaluations in a specialty care clinic setting.
In 1999, Congress created three Deployment Health Centers of Excellence designed to address the need for surveillance, research and clinical care related to deployment health. The Gulf War Clinic at WRAMC was chosen to become the Deployment Health Center of Excellence for clinical care and changed its name to the DoD Deployment Health Clinical Center (DHCC). The mission of DHCC involves meeting the needs of service members affected by all deployments, not just one war.
Congress also asked the Institute of Medicine (IOM) to review the CCEP. The IOM recommended placing the program in a primary care setting and creating a clinical practice guideline for post-deployment health. The PDH-CPG was developed and was initiated in January 2002.

Slide 4 Post-Deployment Health Clinical Practice Guideline (PDH-CPG)

The PDH-CPG is an evidence-based guideline completed by an expert multi-disciplinary, multi-agency panel. In January 2002, the PDH-CPG was initiated with a worldwide satellite broadcast to all Military Medical Treatment Facilities and distribution of a Tool Kit of material to assist providers implement the program. There have been no changes in the

Guideline since it was published except some modification in the procedures for coding deployment-related clinic visits.

Slide 5 PDH-CPG Use Mandated by Health Affairs – April 2002

The PDH-CPG is the only CPG mandated by Health Affairs.

Slide 6 Overview of PDH-CPG

The Guideline may seen complicated at first. The simplest way to think about it is to visualize that there are three pathways by which patients can be identified as needing care under the Guideline and the Guideline is composed of three algorithms which categorize and provide guidance for evaluating and managing patients with post-deployment health concerns and conditions.
One way for identifying patients with deployment-related health concerns and conditions, which was developed as part of the Guideline, is by screening in the primary care clinic setting. This is the primary pathway for entry into the Guideline.

Slide 7 Deployment-Related Question = Military Unique Vital Sign

At the beginning of each primary care visit (except Wellness visits), every patient should be asked the question: "Is your health concern today related to a deployment?" This deployment-related question has come to be known as the military-unique vital sign because it is included during screening for the other vital signs. The Guideline requires that all persons (not just active duty) be asked this question and that the answer that is recorded in the patient record be from the patient's perspective not the screener's or provider's.
As noted on this slide, several studies have been done to determine the percent of positive responses to this question. The number and frequency of deployments has an effect on the number of persons with deployment-related concerns.
Positive endorsement of the screening question leads to entry into the Guideline, which is comprised of three algorithms.

Slide 8 Asymptomatic Concerned
Algorithm A1 – Definition and Management

The first algorithm provides guidance for the management of the asymptomatic concerned patient. This is a patient who has deployment-related concerns but no symptoms. The concerns may be related not only to things that the patient has experienced but also to things that the patient has read or heard about in the media. Management of the asymptomatic concerned patient is through identification of the concern and the provision of specific education regarding the concern. A 30 minute follow-up appointment is recommended. Although it is hard to find time in busy clinics, the purpose of the 30 minute follow-up is to give the provider time to research the question and to educate the patient adequately about the concern.

Slide 9 Medically Unexplained Symptoms
Algorithm A2 – Definition and Management

The second and most complex algorithm was developed for the patient with medically unexplained symptoms (MUS). Management of this type of patient has been called the "bread and butter " of primary care, both civilian and military. What makes the management of MUS patients in the military setting different from the civilian setting is that service members may associate their signs and symptoms with a deployment-related experience. This association is very powerful and introduces a host of strong concerns and emotions related to the signs and symptoms. The management of MUS emphasizes refocusing the patients' attention from their symptoms and providing them with self-management strategies to improve their functional status and quality of life. In addition to the PDH-CPG, there is a separate VA/DoD Clinical Practice Guideline for Medically Unexplained Symptoms. Consultation and assistance for management of patients with MUS can be obtained from DHCC through its Clinicians Helpline.

Slide 10 Established Diagnosis
Algorithm A3 – Definition and Management

The third algorithm deals with patients in whom a diagnosis can be established. Once a diagnosis is established, management of the patient should be guided by the applicable disease-specific CPG.

Slide 11 Original 2002 PDH-CPG Tool Kit

The original Tool Kit that was unveiled in 2002 had lots of important and useful information, but it was big and bulky and as a result, it often ended up in a closet.

Slide 12 DD Form 2844 – Post Deployment Medical Assessment Form and Primer

DD Form 2844 is an optional form that was developed as part of the original Tool Kit. It is useful for evaluating patients with multiple or complicated deployment-related concerns and conditions. It captures both the patient's perception of the deployment concern and the provider's exam as the front side of the form is for the patient's deployment history and concerns and the back side is for the provider to document the evaluation and management plan.

Slide 13 Assessment and Outcome Tool Resources

Other resources that are available to assist providers in implementing the PDH-CPG are several assessment and outcome tools that can be downloaded from the DHCC Web site. Some of these include the SF 36 which consists of 36 questions that provide a short measure of quality of life and functional status and the PHQ which measures common somatic and psychiatric symptoms. The PCL is a validated tool for screening for PTSD. There is a civilian, military and stress-related version available on the Web site. Finally, the PDCAT is a tool developed by DHCC to measure certain aspects of physical and mental

health. The only drawback to its use is that it takes about 20 minutes to administer which may make it impractical in the primary care setting.

Slide 14 PDH-CPG Web-Based Resources

www.PDHealth.mil

Everything you ever wanted to know about the PDH-CPG and its supporting guidelines, including the complete Guideline, forms and measures, policies and directives and training material, is available on the DHCC Web site www.PDHealth.mil. Links to the supporting clinical practice guidelines for MDD, MUS and PTSD are also provided. All the PDH-CPG information can be found by selecting "PDH Guidelines" on the left menu of www.PDHealth.mil.

Slide 15 Key Elements of PDH-CPG

Post-Deployment Health Assessment – DD Form 2796

The second pathway of entry into the PDH-CPG is through the Post-Deployment Health Assessment, DD Form 2796, which is administered to every service member returning from a deployment.

Slide 16 Enhanced PDHA Process

www.PDHealth.mil

The DHCC Web site has a page with resources for the PDHA Process. The DD Form 2796 can be downloaded from this site. All of the policies and directives governing the PDHA are included as well as information about deployment-related exposure concerns. Also included is the Redeployment Briefing and the PDHA training videos which were produced in January 2004.

Slide 17 FY 2004 NQMP Study of PDH-CPG Implementation

The National Quality Management Program is a Department of Defense program created in 1995 to improve the quality of care provided to Military Health System beneficiaries through the provision of educational and analytical support and external peer review. The contractor for implementing the NQMP is Lockheed Martin Information Technology (LMIT). For three years in a row: 2002,2003 and 2004, the NQMP performed a Special Study of the implementation of the PDH-CPG. The results of the 2004 study are summarized on this slide.

The 2004 study found that 53% of active duty (AD) and 66% of non-active duty (NAD) patients sampled were asked the deployment-related screening question. It is important to note that fewer AD were screened than NAD. This is a quality indicator that must be improved. Among the services, the Army was found to be doing the best job at asking the screening question. Among those patients who were screened, deployment-related health concerns were detected in 2.8% of AD and only 0.2 % of NAD, and 60% of the 100 beneficiaries with a deployment-related concern had documentation of that concern in their chart.

Slide 18 PDH-CPG Desk Reference Toolbox

In spring 2003 in response to Operations Enduring and Iraqi Freedom, DHCC implemented a plan to revitalize the PDH-CPG. Part of the plan was a re-design of the original Tool Kit to provide a tool that would be easier for primary care providers to use. Design considerations for the revised Toolbox included:

Small, sturdy and portable box which fits neatly on the desktop and contains pocket-sized laminated cards

Ease of access with color-coded categories and a readily available index in the lid of the box.

The Toolbox contains:

1) Desk Reference Cards which contain concise information and reminders about the PDH-CPG and certain Emerging Health Concerns.

2) Compact Discs:

Stand-alone copy of the PDH-CPG Interactive Guideline

MEDCOM CD containing Clinical Practice and Disease Management Guidelines

Two Training CDs containing the PDH-CPG Training Briefs & The Epic of Gilgamesh and the Deployment Health Clinical Training Series

3)Sample copies of PDH-CPG Clinician and Patient Brochures

4) Vaccine Healthcare Center's Immunization Tool Kit

Distribution of the Toolboxes to all primary care providers in every Military Medical Treatment Facility began in July 2004. The entire contents of the Toolbox can be found on PDHealth.mil.

Slide 19 Toolbox Table of Contents

The Table of Contents, which is located inside the lid of the Toolbox, is color-coded to the Desk Reference Cards for ease of use.

Slide 20 PDH-CPG Training Multi-Media

As part of the effort to increase healthcare providers' understanding and use of the PDH-CPG, DHCC produced two modular training videos in January 2004. The PDH-CPG Training Briefs consist of seven short video modules covering the elements of the PDH-CPG and the Pre- and Post-Deployment Health Assessment process. The Deployment Health Clinical Training Series consists of eleven somewhat longer modules that provide more in depth information on the topics covered in the PDH-CPG Training Briefs plus modules on the following Emerging Health Concerns: leishmaniasis, malaria, vaccine safety, suicide and depleted uranium. This series includes a video, slides and written text for each module. Both training offerings were placed on compact discs (CDs) that were included in the Toolbox and also can be viewed on PDHealth.mil. One advantage of the modular format is that viewers can watch as much or as little as they want at one time.
In addition to the DHCC training offerings, a 15 minute animated video on the PDH-CPG entitled "The Epic of Gilgamesh", which was developed by Dr. Mark Brown at the VA,

was included on a CD in the Toolbox and on the DHCC Web site.

Slide 21 Toolbox Distribution July 2004 – Present

Distribution of the Toolboxes, which began in summer 2004, started with the Army because they are the largest service and have had the most personnel deployed. Coordination for distribution to each Military Medical Treatment Facility (MTF) was made through a Point of Contact (POC) at each service identifying a POC at each MTF. Sufficient Toolboxes were sent to each MTF to provide one Toolbox for each primary care provider. Initially DHCC had 5000 Toolboxes produced, however by the end of 2004, a second batch of Toolboxes was produced in order to meet the needs.

Slide 22 Learning Objectives

Now we will talk about changes and new developments to the PDH-CPG and its tools that have occurred since it was initiated in January 2002.

Slide 23 How to Code Post-Deployment Visits

The ICD-9 code used for post-deployment visits is V70.5_6. This code must be placed in the primary position. When the PDH-CPG first came out, the instruction was to place this code in the secondary position. This was changed to conform with the civilian guidance for this code, which is that it must always be used in the primary position. (This may be problematic for behavioral health because V codes are generally not placed in the primary position if there is an Axis I diagnosis.) The V70.5 code is the code for examinations for special populations, such as for school physicals. It has been used by the military for induction physicals for years. The _6 is a military extender to indicate that it is a post-deployment visit.
The secondary code is the diagnosis-specific code.
E & M (Evaluation and Management) codes are used to code the visit type. These codes are also used for Post-Deployment Health Assessment (PDHA) visits. For the PDHA, the counseling E & M codes are used when there are no identified post-deployment health concerns. The primary care E & M codes are used in situations when there are post-deployment health concerns identified.

Slide 24 Revisions in Coding Since PDH-CPG Initiated

As just mentioned, the position for placing the v70.5_6 code was changed from the secondary position to the primary position in 2003. At the same time, one of the underscores before the extender digit was dropped.
In the 2005 ICD-9 coding book, a fifth digit was added to the code for medically unexplained symptoms (MUS), changing it to 799.89. Although this code is used for MUS, one should remember that in the ICD coding book, the code is called " Ill defined conditions".

Slide 25 Revised PDH Visit Coding Desk Reference Card

The Toolbox Desk Reference Card on PDH Visit Coding was revised to reflect these changes in May 2005. The card is available to download on the Toolbox Page of PDHealth.mil.

Slide 26 New PTSD Desk Reference Card

The initial batch of Toolboxes was produced before the PTSD Desk Reference Card could be completed. It is a six-sided card explaining the key points of the DoD/VA PTSD Clinical Practice Guideline. It became important to add this card because of the trauma symptoms experienced by some service members returning from OIF/OEF. The card came out in late 2004 and was included in the second batch of Toolboxes that were distributed starting in January 2005. The card is also on PDHealth.mil and can be printed and fastened to the blank cards at the back of the original Toolboxes if desired.

Slide 27 Key Elements of PDH-CPG
Post-Deployment Health Reassessment – DD Form 2900

The newest pathway for entry into the PDH-CPG is through the Post-Deployment Health Reassessment (PDHRA) Program. This program was mandated by a memorandum from the Assistant Secretary of Defense for Health Affairs on 10 March 2005 and is designed to identify and address health concerns, with specific emphasis on mental health, that have emerged over time since deployment. The PDHRA provides for a second health assessment using DD Form 2900 between 90 and 180 days after deployment, ideally at the three to four month mark. Each service will be issuing guidance for implementation of the program.

Slide 28 New DD Form 2900 Primer Desk Reference Card

DHCC developed a Primer on the DD Form 2900 in the form of a Desk Reference Card in June 2005. The card, which contains guidance for implementing the PDHRA Program and completion of the DD Form 2900, is available on PDHealth.mil.

Slide 29 PDHRA Process
www.PDHealth.mil

A web page on the PDHRA process can also be found on PDHealth.mil. It contains directions for completing the DD Form 2900; policies and directives for the PDHRA Program; information on specific deployment-related exposures and medical/behavioral health concerns; links to health care resources Web sites; and training material for the PDHRA.

Slide 30 Learning Objectives

Now we will move to the third and last objective of this presentation. That is, we will discuss the role of the Deployment Health Clinical Center's Staff Training and Assistance

Team (STAT) in providing command and clinical consultation to assist in implementation of the PDH-CPG.

Slide 31 DHCC Scope of Services

The STAT is part of the Information, Communication , Education component of the services provided by DHCC.

Slide 32 Staff Training and Assistance Team (STAT)

The STAT was created in Spring 2003 in response to the Army Surgeon General's initiative to reinvigorate the PDH-CPG. This is the same initiative that lead to the development of the Toolbox.
The STAT is staffed with two positions, one of which is currently vacant.
One of the main functions of the STAT is to support the PDH-CPG through development of educational products, many of which have been described in this presentation, and to provide training and advice on implementation of the PDH-CPG by providing written and telephonic consultation and staff assistance visits.
The second major function of the STAT is to support deployment-related clinical care through:

DHCC Clinicians and Service Member Helplines
DHCC Web site
Coordination of medical follow-up for certain exposure concern programs, such as the DoD Depleted Uranium Program and the Army Program for Nerve/Mustard Agent Casualties Outside of Storage, Demilitarization, and Research Settings.

Slide 33 Staff Training and Assistance Visits (SAVs)

The STAT is available for Staff Assistance Visits (SAVs) to provide training on the PDH-CPG and to provide assistance regarding its implementation.
Sites are chosen based on request and approval of the DHCC Director. This slide documents the SAV visits during 2004/5. SAVs can be requested through the DHCC Clinicians Helpline or by email to pdhealth@na.amedd.army.mil.

Slide 34 STAT Support of DHCC Web Site

Four sections on PDHealth.mil provide tremendous clinician support related to post-deployment health concerns:

Clinicians Page
Deployment Cycle Support
PDH Guidelines
Emerging Health Concerns

The STAT updates these sections on an ongoing basis.

Slide 35 Emerging Health Concerns (EHC) Resources on PDHealth.mil

This slide shows the types of information on Emerging Health Concerns that are on PDHealth.mil. In regard to military medical policies and directives, every effort is made to provide all the pertinent documents from DoD/Health Affairs, the Army, Air Force, and Navy/Marines.
Provider information includes documents providing clinical guidance; brief fact sheets; medical forms for documenting patient management; educational material (slide presentations and scripts and short video presentations; and information on research related to emerging health concerns.
Information for patients includes fact sheets and educational material. It is intended to provide clinicians with information that they can easily give patients to address the patients' concerns.

Slide 36 DHCC Clinician Helpline

DHCC has both a Clinician and Service Member Helpline. They are Helplines and not Hotlines. The Helplines are available Monday thru Friday during business hours.
On the Clinician Helpline (1-866-559-1627), the most common types of provider calls can be categorized as those inquiring about:

Medical concerns
Psychosocial concerns
Sources of care e.g. leishmaniasis care, DHCC's Specialized Care Program
Policy questions e.g. related to PDHA, PDHRA
Eligibility for care questions for DoD civilians and contractors.

Slide 37 DoD Helpline

The DHCC Service Member Helpline (1-800-796-9699) is also available Monday thru Friday during business hours. Types of calls include:

Medical concerns - seeking guidance on concerns regarding signs and symptoms, methods for diagnosis and treatment.

Psychosocial concerns - general info and also advice about where to go for help.

Access to care - mostly Reserve Component and National Guard.

Calls for support and validation of the callers' perception of their signs and symptoms and etiology of concerns.

Slide 38 DHCC's Role in Implementing ASD9HA) Depleted Uranium Policy

In 2003, OSD released the policy for OIF DU. There was concern that DU munitions were being used in OIF mostly during the initial war phase of the operation. This slide summarizes the Deployment Health Clinical Center's role in implementing the DoD Depleted Uranium (DU) Policy. DHCC serves as the central archive for all DoD patient information related to DU exposure, testing, and follow-up for both active duty and reserve component personnel. Lab results, assessment questionnaires, referrals, and narrative summaries from follow-up care must be forwarded by the service labs and the Baltimore VA to DHCC for archiving. In accordance with the Assistant Secretary of Defense for Health Affairs Memorandum dated 9 April 2004, all referrals to the Baltimore VA Depleted

Uranium Follow-Up Program for service members with positive DU exposures must be coordinated through the DHCC. The DHCC is also responsible for providing clinical guidance for implementing the DoD DU Policy and for providing tools and resource and training material for providers and service members.

Slide 39 Question, Information, Assistance

Questions and requests for information and assistance regarding the PDH-CPG can be addressed to the Deployment Health Clinical Center either through the DHCC Helplines or by email: pdhealth@na.amedd.army.mil.